

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014440

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

161

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Gordonville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Gordonville Mo.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR
TOWN

Gordonville Mo.

Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Arthur

Martin

Koch

4. DATE
OF
DEATH

Month

Day

Year

April 4 1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 8 1890 71

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

6 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Raising Stock

11. BIRTHPLACE (City and state or country)

New Wells Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob Koch

13b. MOTHER'S MAIDEN NAME

Minnie Hellwege

14. NAME OF HUSBAND OR WIFE

Dora Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Arwin Koch Gordonville Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic nephrosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

9 mos.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-20-61, to 4-4-62 and last saw him alive on 3-18-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. N. Jaeger, M.D.

22b. ADDRESS

Jackson, Mo.

22c. DATE SIGNED

4-5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4-7-62

23c. NAME OF CEMETERY OR CREMATORY

Zion Lutheran Cemetery Near Gordonville Mo.

24. FUNERAL DIRECTOR

ADDRESS

Deneke-Laird Jackson Mo.

25. DATE RECD. BY LOCAL REG.

4-10-1962

26. REGISTRAR'S SIGNATURE

Gene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

8160

20160

3

4 0

5 1

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9446X

10

11

12 70-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.